



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-025898990-8

MADERA, EJ LYN MAGLASANG

JULY 15, 2001 - FEMALE

BANILAD MANDAUE CITY, CEBU - 6014

Madera, EJ
Signature



1 2 0 2 5 8 9 8 9 9 0 8

FORMAL ECONOMY



Republic of the Philippines
Department of Justice
National Bureau of Investigation



37036558

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO
M360GEON10-IS1510927

VALID UNTIL
January 17, 2025

FAMILY NAME
MADERA

FIRST NAME
EJLYN

MIDDLE NAME
MAGLASANG

HUSBAND'S SURNAME

ADDRESS
SITIO GREENFIELDS BRGY BANILAD MANDAUE CITY CEBU

DATE OF BIRTH
July 15, 2001

PLACE OF BIRTH
CEBU CITY

CITIZENSHIP
FILIPINO

CIVIL STATUS
SINGLE



SIGNATURE
Ejlyn Madera

GENDER
FEMALE

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE



Date Printed: Wednesday, 17 January 2024 10:15 AM



M360GEON10-IS1510927

Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Agency IS DATID villanuevagg
CASO villanuevagg BIOD villanuevagg
O.R. No. 7TWGYZQU RECD
O.R. Date 01/17/2024 10:08:42 AM INTD
DST PAID PRTD villanuevagg



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Department of Justice
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PERSONAL COPY

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. _____
City/Municipality MANDAUE CITY

CHILD

1. NAME (First) EYDEL LIELE (Middle) MADERA (Last) HURBODA
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 05 (Month) DECEMBER (Year) 2023
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO MANDAUE CITY CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 3090 grams

MOTHER

7. MAIDEN NAME (First) EJ LYN (Middle) MAGLASANG (Last) MADERA
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
10a. Total number of children born alive 1 10b. No. of children still living including this birth 1 10c. No. of children born alive but are now dead 0 11. OCCUPATION HOUSEWIFE 12. AGE at the time of this birth (Completed years) 22
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
P. REMEDIO ST., BANILAD MANDAUE CITY CEBU PHILIPPINES

FATHER

14. NAME (First) LINDEL (Middle) PEREZ (Last) HURBODA
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION CONSTRUCTION LABORER 18. AGE at the time of this birth (Completed years) 22
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
P. REMEDIO ST., BANILAD MANDAUE CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) NOT MARRIED 20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE

21a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at 11:45 AM am/pm on the date of birth specified above.

Signature _____ Address C/O EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO, MANDAUE CITY, CEBU
Name in Print CHRISTINE NOEMI R. ETANG, MD
Title or Position MEDICAL OFFICER III Date DECEMBER 6, 2023

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature _____
Name in Print EJ LYN M. MADERA
Relationship to the Child MOTHER
Address P. REMEDIO ST., BANILAD, MANDAUE CITY, CEBU
Date DECEMBER 6, 2023

23. PREPARED BY
Signature _____
Name in Print LEVYLUNA PANTOLLANO-BODIOLA
Title or Position ADMINISTRATIVE ASSISTANT III
Date DECEMBER 6, 2023

24. RECEIVED BY
Signature _____
Name in Print GISELLE L. ABUGHO
Title or Position ADM. AIDE III
Date DEC 22 2023

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print THELMA C. CRISOLOGO
Title or Position CITY CIVIL REGISTRAR
Date DEC 22 2023

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8	9	11	13	15	16	17	19
0	1	0	8	0	2	1	6
0	8	0	2	2	3	0	0
1	0	8	9	3	1	6	0
8	0	2	2	3	0		



This certifies that
Pinatunayan nito na si

EJ LYN M. MADERA

LRN : 120004070103

has satisfactorily completed the requirements for graduation in Senior High School
ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School


ACADEMIC TRACK - HUMSS STRAND

prescribed for Secondary Schools of the Department of Education and is therefore awarded this
na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong

DIPLOMA

Signed in the City of Cebu, Philippines, on the 2nd day of April 2020.
Nilagdaan sa siyudad ng Sugbo, Pilipinas nitong ika-02 ng Abril 2020.




MALEEN GRAFILO - ORDIZ
SHS Principal


OFELIA G. MAÑA
Vice-Chancellor for Business Development & Innovation
Campus Director

S.O. (A) No.0199 s. 2020 dated February 14, 2020

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 6b and 19a.)

Province Cebu Registry No. 2001 21106
City/Municipality Cebu City

REMARKS/ANNOTATION

1. NAME (First) (Middle) (Last)
EJ LYN MAGLASANG MADERA

2. SEX
 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
15 July 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
VICENTE SOTTO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH
 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS
 1 First 2 Second 3 Others, Specify _____

c. BIRTH ORDER (five births and fetal deaths including this delivery)
1ST (first, second, third, etc.)

d. WEIGHT AT BIRTH
2785 grams

For OCRG USE ONLY:
Population Reference No.
[] [] [] [] [] [] [] [] [] []

6. MAIDEN NAME (First) (Middle) (Last)
ELAINE LARA MAGLASANG

7. CITIZENSHIP
FILIPINO

8. RELIGION
ROMAN CATHOLIC

9a. Total number of children born alive: _____

b. No. of children still living including this birth: _____

c. No. of children born alive but are now dead: 0

10. OCCUPATION
HOUSEWIFE

11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
BAKANTE, BAKILAD, CEBU CITY, CEBU

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

13. NAME (First) (Middle) (Last)
JUNEL BERMODES MADERA

14. CITIZENSHIP
FILIPINO

15. RELIGION
ROMAN CATHOLIC

16. OCCUPATION
TAXI DRIVER

17. Age at the time of this birth: 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JUNE 18, 1998 - LEYTE

19a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife
 4 Hilot (Traditional Midwife) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:20 A.M. o'clock am/pm on the date stated above.

Signature _____ Address VSMMC, CEBU CITY
Name in Print LARAVI REYES, M.D.
Title or Position MEDICAL OFFICER III Date July 13, 2001

Signature _____ Address Bakante, Bakilad, Cebu City
Name in Print ELAINE MADERA
Relationship to Informant BROTHER Date July 15, 2001

21. PREPARED BY
Signature _____
Name in Print VELMA GUERRERO
Title or Position NURSE I
Date July 16, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print REGINA M. MORALES
Title or Position REGISTRATION OFFICER
Date AUG 09 2001

41 [] [] [] [] [] [] [] [] [] []

48 [] [] [] [] [] [] [] [] [] []

49 50 [] [] [] [] [] [] [] [] [] []

55 [] [] [] [] [] [] [] [] [] []

61 [] [] [] [] [] [] [] [] [] []

62 64 [] [] [] [] [] [] [] [] [] []

66 69 [] [] [] [] [] [] [] [] [] []

70 72 74 [] [] [] [] [] [] [] [] [] []

76 79 [] [] [] [] [] [] [] [] [] []

81 [] [] [] [] [] [] [] [] [] []

86 87 [] [] [] [] [] [] [] [] [] []

88 91 [] [] [] [] [] [] [] [] [] []

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94 000085 [] [] [] [] [] [] [] [] [] []

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BEST POSSIBLE IMAGE



T400051284000036701152014001
NI800126509

BReN
02217-801PFOX-7

Documentary
Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office



Optum Global Solutions (Philippines), Inc.
 5th to 10th Floors Science Hub Tower 1
 Block 38 Campus Avenue corner Tulin Street
 McKinley Hill, Fort Bonifacio, Taguig City
 Metro Manila 1634 Philippines

CERTIFICATE OF EMPLOYMENT

May 3, 2022

This is to certify that **MADERA, EJ LYN MAGLASANG (001772768)** has worked at Optum Global Solutions (Philippines), Inc. under UnitedHealth Group ("Company"), from **October 22, 2021** to **March 17, 2022**. The last held designation of the employee was **Cust Service Rep**.

The Full & Final settlement has been processed and all dues have been settled.

This certification is being issued to **MADERA, EJ LYN MAGLASANG** for whatever legal purposes it may serve.

Our offices are located at:

5 ^F -10 ^F , Science Hub Tower 1, McKinley Hill, Fort Bonifacio, Taguig City 1634	1 ^F -4 ^F Building N, Central Avenue UP Ayalaland TechnoHub Diliman, Quezon City 1501	7 ^F -9 ^F Colyx Centre, Cebu IT Park, Ayas Cebu City 6000	12 th , 14 th -17 th Floors, Vector Three Building, Northgate Cyber Zone, Filinvest City, Alabang, Muntinlupa City 1781
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Certified true and correct.

CABAGNOT, MICHELLE KIBLATAIN
 Senior Regional Manager, Human Capital

This is a system generated letter and hence does not require wet ink signature.

Upload Date: 29 Apr 2022 12:00:00

Download Date: 03 May 2022 17:20:25

For employment verification requests, please send an email to our Human Resources Department at scout@optum.com.
 You may also call 1-800-955-1111, from 9am Monday to Friday 2PM-5PM, if you prefer verification by telephone.



**MADERA, EJ LYN MAGLASANG**

SS Number: 34-9381758-4

Your password will expire on Sep 17, 2024 | Your last login was on Apr 06, 2024 4:00:03 PM thru the SSS Website

Member Details
Address & Contact Information

SS Number Status	0 - ACTIVE
Document Compliance	APPLICATION THRU SSS WEB/MOBILE APP - WITH NO SUBMITTED DOCUMENT(S)
Membership Status	TEMPORARY
Prior Registrant	NO
Date of SS Number Issuance	06/02/2020
Sex	FEMALE
Reporting Date	06-03-2020
Reporting ID	03-9170457-8
Latest ER ID	03-9148950-3
Latest ER Name	TPPH-FHCS, INC.
Claim Flag Status	0 - NO FINAL/FUNERAL CLAIM
Transferred to (New SS Number)	
Membership Type	EMPLOYEE
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification	
SS Number Withdrawal Reason	
Record Location	MAKATI-GIL PUYAT
TIN Number	

